

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

FEB 4 2007	
CITY DOCUMENT CENTER	
Postage	\$ _____
Certified Fee	_____
Return Receipt Fee (Endorsement Required)	_____
Restricted Delivery Fee (Endorsement Required)	_____
Total Postage & Fees	\$ _____
Sent To <b>EARL INGELS 362-813</b>	
Street, Apt. No.; or P.O. Box No. <b>W.C.I., P.O. BOX 120</b>	
City, State, ZIP+4 <b>LEBANON, OH 45036</b>	

Postmark  
Here

*1.00-CV-1003  
DOC. 27  
1/23/07*

PS Form 3800, January 2001      See Reverse for Instructions